da

MARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSI PRIMARY AND GENERAL ELECTIONS	State of N
harles of Eby Assembly Dist	crit 24
idate's Name(print) Office	District (if applicable
Chuckers Strad Dia NIV	775-322-699/
ng Address (include city and zip code)	Telephone Number
	D. 0.1. 0.000
REPORT NUMBER 2 - DUE OCTOBE	R 31, 2000 File
Report Period Begins: August 24, 2000 Report Period Ends: October 25, 2000	
•	OCT 3 1 2000
CONTRIBUTIONS SUMMARY	DEAN HELLER SECRETARY OF STATE
. From Report Number 1, total amount of contributions in excess of \$100	\$200
From Report Number 1, total amount of contributions of \$100 or less	8
Report Number 2, amount of contributions in excess of \$100	Ø
Report Number 2, total amount of contributions of \$100 or less	Ø
From Report Numbers 1 and 2, actual number of	
contributions of \$100 or less	
. Interest and income earned, if any, during this report period	<u>Ø</u>
. TOTAL AMOUNT OF ALL CONTRIBUTIONS	
(add lines 1 through 5)	\$200
EXPENSES SUMMARY	
. From Report Number 1, total amount of expenses in excess of \$100	\$ 100
. From Report Number 1, total amount of expenses of \$100 or less	Ø
. Report Number 2, total amount of expenses in excess of \$100	Ø
0. Report Number 2, total amount of expenses of \$100 or less	\$ <u>92.32</u>
1. TOTAL AMOUNT OF ALL EXPENSES	10007
(add lines 7 through 10)	192.36
ntributions or expenses are listed during this Report Period, only this pageing officer.	e of the report needs to be fi
declare under penalty of perjury that the foregoing is true and correct.	,
executed on 10-30-00 (hales REN/	(chuck Ely)
Date Signature of Candida ecretary of State	ate

Prescribed by Secretary of State NRS 294A 120, 294A 200 EL201 002(rev 04/00)

Total number of pages for this report

1066

~ · > c	ATORT	CONTINUENTATION	
CAMP	AIC÷N	CONTRIBUTIONS	

REPORT PERIOD Number 2

Chuck	. Eby
Candidate's	Name (tri

Office

District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK/ IF LOAN	CHECK / IF IN KIND
		Ø		
		,		

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PAGE OF OF

Chuck Eby
Candidate's Name (print)

District (if applicable)

Contributions of \$100 or Less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
	l		
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		i	
		<u></u>	

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PAGE 3 OF 6

Chuck Eby Candidate's Name (print)

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	82.32
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	10 000

PAGE H OF LO

Chuck Eby	Assembly	24	
Candidate's Name (print)	Office	District (if applicable)	

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
RECEIVED THE PAYMENT FOR THE EXPENSE(S)		EXPENSE	
	,		

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PAGE S OF 6

Candidate's Name (print)

NSSe M

24

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
9/6/90	592	5
9/6/00 9/10/0 10/6/0	5°2 82.32 5	A
10/6/0	5-	-
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DATE OF EACH EXPENSE	UPLAL	AMOUNT OF EACH EXPENSE		
EXPENSE	EXPEN:	OE.		44
		- 47.		
				

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